

**STATE OF MICHIGAN**  
**DEPARTMENT OF LABOR & ECONOMIC GROWTH**  
**OFFICE OF FINANCIAL AND INSURANCE SERVICES**

**Before the Commissioner of Financial and Insurance Services**

**In the matter of**

**XXXXX**

**Petitioner**

**File No. 86391-001**

**v**

**Metropolitan Life Insurance Company**  
**Respondent**

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**Issued and entered  
this 28th day of December 2007  
by Ken Ross  
Acting Commissioner**

**ORDER**

**I**

**PROCEDURAL BACKGROUND**

On November 20, 2007, XXXXX (Petitioner) filed a request for external review with the Commissioner of Financial and Insurance Services under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Commissioner reviewed the information and accepted the request on November 28, 2007.

The Commissioner notified Metropolitan Life Insurance Company (MetLife) of the external review and requested the information used in making its adverse determination. The company provided information on December 5, 2007.

The Petitioner has dental care coverage under a group policy sponsored by Phadia US, Inc., and underwritten by MetLife. The issue here can be decided by an analysis of the terms of that policy. The Commissioner reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

## **II FACTUAL BACKGROUND**

The Petitioner had a right front tooth (#8) with an old crown that broke off at the gum line. Treatment included a dental implant and related graft for which claims were submitted. MetLife denied the claims, citing the policy's exclusion for implantology. After the Petitioner appealed through the internal grievance process, MetLife maintained its denial. The Petitioner was notified of MetLife's adverse determination by a copy of an October 1, 2007, letter to the Petitioner's dentist and on the Explanation of Dental Benefits form dated November 8, 2007.

## **III ISSUE**

Is MetLife correct in denying coverage for the Petitioner's dental implant procedure?

## **IV ANALYSIS**

### **Petitioner's Argument**

The Petitioner says a 3-unit bridge is the usual and customary treatment for his condition, but he is not a candidate for it because the adjacent left tooth has already had a root canal and crown and therefore cannot serve as an anchor for the bridge. The Petitioner argues that the implant and bone graft are medically necessary and not cosmetic.

The Petitioner believes that MetLife should cover the implant since there is no alternative solution.

### **Metropolitan Life Insurance Company's Argument**

MetLife says that under the terms of the group policy, benefits for implants and related services are not covered expenses. The policy has this exclusion on page 18:

#### **D. EXCLUSIONS – DENTAL SERVICES WHICH ARE NOT COVERED DENTAL EXPENSES**

\* \* \*

##### **23. Implantology**

Because implantology is specifically excluded in the policy, MetLife states that no benefits

are available.

Commissioner's Review

The Commissioner has considered the arguments of both parties and reviewed the provisions of the Petitioner's policy.

Implantology is that branch of dentistry dealing with the implantation of teeth. The Petitioner's policy is clear: implantology is listed under those dental services that are specifically not covered. Moreover, implants are not included among the dental services which may be covered under the policy (see Type A, B, C, and D expenses on pages 14-16 of the policy). Since implantology is explicitly excluded, that means that related services (i.e., bone grafts) are not covered either.

The Commissioner understands the value and importance of these procedures to the Petitioner. Nevertheless, in deciding this case, the Commissioner is bound by the terms and conditions of the policy and the policy specifically excludes implantology.

The Commissioner finds MetLife processed the claims correctly under the terms of the policy when it denied coverage for the implant and bone graft.

**V  
ORDER**

The Commissioner upholds MetLife Insurance Company's adverse determination.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than sixty days from the date of this Order in the Circuit Court for the county where the covered person resides or in the Circuit Court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of the Office of Financial and Insurance Services, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.